



# WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION ***TRAINING APPLICATION***

Washington Military Department  
Emergency Management Division  
<http://emd.wa.gov/>  
Camp Murray, Washington 98430-5122

Fax: (253) 512-7206

Name:	Position in Organization:
Name & Address of Organization Represented:	Work Phone:
	Work Fax:
	Work Email:
Mailing Address:	Home Phone:
	Home Fax:
	Home Email:
Social Security Number:	Male: Female:
(Voluntary: used in training reporting system)	

**Course Name and Number: State Homeland Security Exercise & Training Planning Workshop—Beginning in Building 104 , Camp Murray, WA—Other venue sites can be found on the agenda**

**Course Date: August 15-16, 2006**

**Please indicate: Attending both days\_\_\_\_, or just Aug 15\_\_\_\_, or just Aug 16\_\_\_\_**

Courses taken to meet prerequisite, including dates and locations:

I plan to commute each day: Yes No

Do you have any disabilities which require special consideration? If yes, please explain: Yes No

Signature of Participant:	Signature of Local Emergency Management Director/Designee:
Date:	Date:

For additional information on emergency management training, contact the Emergency Management Training coordinator at (253) 512-7045, fax (253) 512-7206, email: [g.jenson@emd.wa.gov](mailto:g.jenson@emd.wa.gov) or [j.yates@emd.wa.gov](mailto:j.yates@emd.wa.gov) or 253-512-7049

For Official Use Only

Approved:	Waiting List:	Prerequisite Met:	Withdraw:	No Show:
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